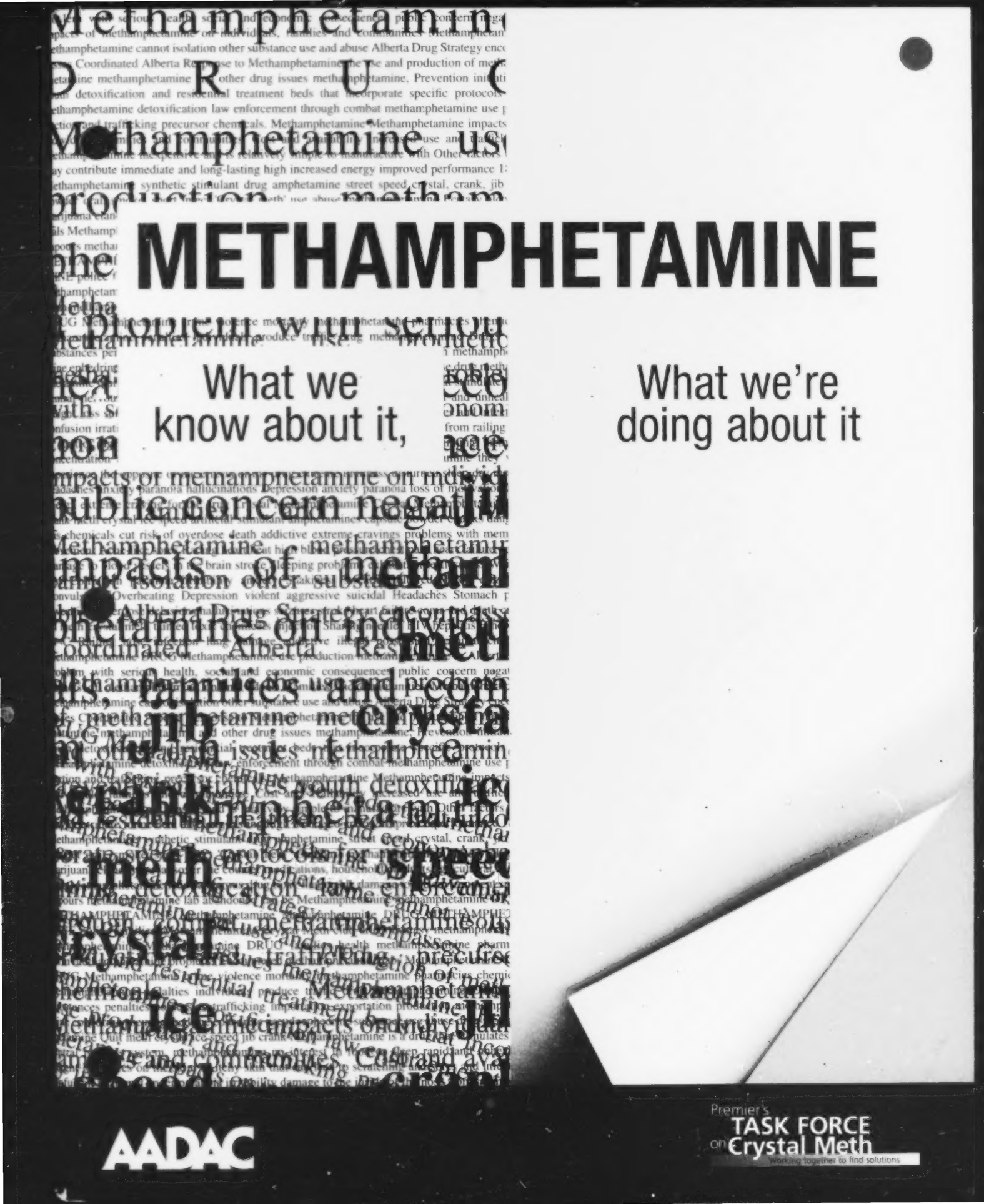
METHAMPHETAMINE

What we know about it,

What we're doing about it



AADAC

Premier's TASK FORCE on Crystal Meth

Working together to find solutions

INTRODUCTION

Alberta communities have expressed ongoing concern about alcohol and other drug use. In particular, the use and production of methamphetamine is an issue of public concern, and continues to receive considerable media attention. The Alberta Alcohol and Drug Abuse Commission (AADAC) believes it is important that all Albertans have the information and support they need to make healthy choices about methamphetamine and other drugs.

This resource has two main purposes. The first is to highlight what AADAC knows about methamphetamine. This includes information about the drug itself, as well as current statistics about its use in Alberta. AADAC shares this knowledge with all Albertans through print and online information resources, and applies it through a continuum of prevention and treatment services offered provincewide. Many of these AADAC services and resources are described here. A listing of valuable resources from other organizations is also included as an appendix.

The second purpose is to outline what the Government of Alberta and AADAC are doing to prevent and reduce the harm methamphetamine causes to people, families, workplaces and communities across the province. On October 20, 2005, Premier Ralph Klein announced the formation of a provincial Crystal Methamphetamine Task Force, co-chaired by Colleen Klein and Dr. Robert Westbury. This multidisciplinary task force, whose membership includes AADAC president and CEO Murray Finnerty, will build on the work of AADAC and other government departments, and will champion, review and advise on government strategies.

AADAC is already involved in several strategies. AADAC is leading implementation of *The Alberta Drug Strategy: A Provincial Framework for Action on Alcohol and Other Drug Use*. This comprehensive, community-based approach to alcohol and other drug use is an important reminder that methamphetamine issues must be considered within the broader context of other substance use and abuse.

To address the priorities for action outlined in the Alberta Drug Strategy, AADAC is involved in a co-ordinated provincial response to methamphetamine use and production in Alberta. The actions AADAC has taken as part of this response include co-chairing a cross-ministry working group on methamphetamine, expanding its youth treatment services, and incorporating specialized methamphetamine-specific treatment protocols into its residential programs for youth.

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METHAMPHETAMINE

WHAT WE KNOW ABOUT IT, WHAT WE'RE DOING ABOUT IT

1. METHAMPHETAMINE: THE DRUG

What is methamphetamine? How long has it been around? How is it made? Why do some people use it? Is it true that people become addicted to it after trying it just once?

Knowing the answers to these basic questions is the first step in understanding and responding to methamphetamine problems. This section provides background information on the history, pharmacology and effects of methamphetamine, and addresses some common misperceptions about this much-publicized drug.

THE HISTORY OF METHAMPHETAMINE

Methamphetamine is not a new drug. It is a type of amphetamine, a man-made stimulant drug that has been around in various forms for well over a century. The following timeline traces the history of methamphetamine from its origins to the current situation:

- **1887**: Amphetamine is first synthesized by Romanian chemist Lazar Edeleanu at the University of Berlin.
- **1919**: Methamphetamine is first synthesized by Japanese researcher A. Ogata.
- **1930s**: In 1932, amphetamine marketed under the trade name Benzedrine® is sold as an over-the-counter inhaler for congestion. Stimulant effects are first reported in 1933. In 1936, Benzedrine is offered in non-prescription tablets. Amphetamine-related psychosis is first noted in 1938. In 1939, amphetamine is restricted to prescription use only.
- **1940s**: Amphetamines are prescribed for a variety of conditions including schizophrenia, narcolepsy, opiate addiction, seasickness and even hiccups. Methamphetamine enters the market under the trade name Methedrine®. Amphetamine and methamphetamine are distributed to soldiers on both sides of World War II to help them stay awake and alert during long missions. An outbreak of methamphetamine addiction happens in Japan after the war when military supplies of the drug become available to the public.
- **1950s**: Methedrine and Dexedrine® (dextroamphetamine) are prescribed for nasal congestion, depression and obesity. They also become popular among truck drivers, students, businesspeople and athletes for their performance-enhancing qualities. The first authoritative account of amphetamine psychosis appears in 1958.
- **1960s**: The popularity of legal and illegal amphetamine and methamphetamine use surges in North America. By 1967, there are 31 million prescriptions for amphetamines in the United States. The Haight-Ashbury Free Clinic in San Francisco coins the now-famous catchphrase "speed kills" as a warning to its clients and the public.

- **1970s**: Amphetamines (including methamphetamine) become subject to stricter legal controls in North America, including penalties for possession without a prescription. Legal uses and production decline. Illicit supply and demand also gradually decline as restrictions take effect and word spreads about the addictiveness and harmful effects of amphetamines.
- **1980s**: Clandestine labs in California and elsewhere begin working around legal restrictions by using ephedrine and pseudoephedrine "recipes" to produce methamphetamine. This makes the drug cheap and relatively easy to produce from readily available precursor chemicals.
- **1990s**: Methamphetamine begins to gain notoriety in North America and around the world because of increasing use in some areas, sharply increasing seizures of methamphetamine and illicit labs by enforcement agencies, and increasing media accounts highlighting crystal meth and its most disastrous effects on people, families and communities. In 1997, Canada's Controlled Drugs and Substances Act replaces the Narcotic Control Act and some sections of the Food and Drug Act; amphetamines and their derivatives, including methamphetamine, are listed as controlled drugs under the act.
- **2003**: Concern about methamphetamine use continues to grow in parts of Asia and the United States. Although use remains low among Canada's general population, some communities in western provinces express growing concern about methamphetamine. Several Alberta communities form drug coalitions to deal with local problems.
- **NOW**: Governments and communities are increasingly aware of methamphetamine problems, and increasingly focused on working together to solve them. Actions undertaken around the world since the late 1990s are beginning to show promising results. After a decade of increases, use of amphetamine-type stimulants appears to be levelling off or declining in the most affected regions worldwide. The positive momentum is strong, but as the United Nations Office on Drugs and Crime cautions, continued action is essential to maintaining this momentum.

WHAT IT IS

Methamphetamine is a powerful synthetic stimulant drug. It is one of a large group of drugs generally known as amphetamines. Unlike other stimulants such as caffeine, nicotine, cocaine and khat, it does not come from a plant source. However, it is chemically similar to ephedrine and pseudoephedrine, which are found naturally in the *Ephedra sinica* plant. Both substances are commonly used as precursors (starting substances) in illegal methamphetamine production.

Methamphetamine is usually produced as a hydrochloride (salt) that may be white, off-white, yellowish or brownish in colour. On the street it is sold in powder or crystal form, in capsules or tablets, or as a waxy paste. Street names include meth, crystal, crystal meth, ice, jib, glass, crank, speed, tina and yaba.

Depending on how it is made, methamphetamine may appear in three forms: dextromethamphetamine (d-methamphetamine), levomethamphetamine (l-methamphetamine), or a combination of the two (d,l-methamphetamine). Because d-methamphetamine has stronger stimulant effects and less gastrointestinal side effects than l-methamphetamine and d,l-methamphetamine, it has become the preferred form among both producers and users. Crystal meth is a recrystallized form of d-methamphetamine hydrochloride.

As with all illicit drugs, the purity and quality of methamphetamine sold on the street is never certain. Methamphetamine made in illegal labs often contains impurities that vary depending on the production method and the precursors used. Some of these impurities may have harmful effects separate from those of methamphetamine. In addition, substances sold as methamphetamine by illicit dealers may be "cut" with other substances, or may not be methamphetamine at all.

WHAT IT DOES

The effects of methamphetamine on the central nervous system are nearly identical to those of amphetamine, and similar in some ways to the effects of cocaine.[1] However, the effects of methamphetamine last much longer per dose than those of cocaine, and there is some evidence that long-term methamphetamine use may be more likely to cause nerve damage than other amphetamine use.

Methamphetamine can be swallowed, snorted, absorbed through other soft tissues in the body, or injected. Crystal meth can also be smoked, which produces the desired effects more quickly and more intensely than other methods of taking the drug. The typical single dose is one 100 mg "point," but this may vary widely with the user's tolerance and experience with the drug, as well as with the form of methamphetamine used.

Methamphetamine works on the brain and body in three main ways:

- It displaces neurotransmitters such as serotonin and noradrenaline from storage areas in nerve cells, causing the cells to release these chemicals even when they are not needed.
- It increases the release of dopamine, a neurotransmitter that regulates pleasure and body movement.
- It inhibits the action of monoamine oxidase, an enzyme that usually breaks down dopamine and noradrenaline.

These actions combine to greatly increase the overall activity of the nervous system. In effect, a person who uses methamphetamine is shifted into a state of physical and mental "overdrive." This state can become very desirable to people who use methamphetamine. But it can also cause serious short-term and long-term harm in all areas of their lives, and in the lives of people around them.

Desired Effects

- extremely pleasurable "rush" within seconds of smoking or injecting
- long-lasting high (eight to 24 hours from a single dose, and up to several days when used continuously)
- feelings of power, joy, confidence, success and high self-esteem
- increased wakefulness, alertness and concentration
- increased sexual desire and performance (may decrease with use)

1 Ecstasy (3, 4-methylenedioxymethamphetamine), a close relative of methamphetamine, has both stimulant and hallucinogenic effects.

- weight loss (which can result from decreased appetite caused by use)
- limited therapeutic effects: methamphetamine (Desoxyn®) is sometimes prescribed in the United States for attention deficit/hyperactivity disorder

Negative Effects of Short-Term Use

- restlessness and shakiness
- increased heart rate and blood pressure (which can cause chest pain, heart attack or stroke)
- increased body temperature (which can cause overheating, convulsions and death)
- impulsiveness (which can impair decision-making)
- visual hallucinations
- formication (a feeling that insects are crawling on or under the skin)
- upset stomach, nausea, vomiting and diarrhea
- uncontrolled body movements, including seizures that can be fatal
- amphetamine psychosis: confusion, paranoia, and aggressive or violent behaviour
- tweaking: uncomfortable, miserable and irritable feelings as the high ends
- crash: fitful sleep for two to four days after binge use, and excessive eating after waking up
- increased risk of HIV, hepatitis C and other diseases when methamphetamine is used by injection
- risk of severe injury or death from overdose or from reckless behaviour caused by use
- risk of harm to unborn children when methamphetamine is used by pregnant women (including slower growth before birth, premature birth, low birth weight, possible birth defects, and possible miscarriage or stillbirth)
- risk of harm to others from unintentional exposure to the drug or from violent behaviour caused by someone else's use
- harm to family life (including mistrust, suspicion and despair of family members coping with their loved one's use)
- harm to work or school life (including conflict with colleagues and supervisors, workplace safety concerns, and possible job loss or school expulsion)

- harm to entire communities (including violence and property crime, health-care costs, and environmental harm related to methamphetamine production; these types of harm can also increase over the long term as methamphetamine use and production grow in a community)

Negative Effects of Long-Term Use

- high tolerance and strong psychological withdrawal (which can lead to addiction)
- disturbed sleep patterns and insomnia
- rapid, unhealthy weight loss caused by appetite-suppressing effects and poor nutrition
- skin sores and infections caused by repetitive scratching and picking
- dental problems caused by dry mouth, neglected dental hygiene, poor nutrition and the acidity of methamphetamine
- sexual problems related to the physical and psychological effects
- memory problems, short attention span and difficulty focusing on single tasks
- irritability and nervousness
- anhedonia: loss of ability to feel normal pleasure
- severe depression, and possibly suicidal thoughts
- greatly increased risk of HIV, hepatitis C and other diseases when methamphetamine is used by injection
- long-term damage to nerve endings (some of which may be permanent and irreversible)
- increased risk of harm to unborn children when methamphetamine is used by pregnant women
- escalating problems in life areas besides physical and emotional health (including harm to family relationships and friendships, problems at work or school, financial difficulties and legal trouble)

HOW IT IS MADE

Methamphetamine is synthesized in illegal laboratories with amphetamine produced by reducing ephedrine or pseudoephedrine obtained from legitimate sources. There are several methods, but the process typically involves using solvents and other chemicals to isolate the starting substance, reduce it to methamphetamine, and filter the final product from the waste byproducts. Other precursor chemicals used in this process may include phenylpropanolamine, iodine, ether, hydriodic acid, red phosphorus, anhydrous ammonia and hydrochloric acid.

Meth Labs

Methamphetamine on the street comes from small local illicit laboratories, or is imported from "super-labs" run by organized criminal groups. These large-scale labs are reportedly capable of producing pounds of methamphetamine at a time—enough for thousands of single doses.

Local meth labs consist of small setups of glassware, rubber tubing and heating equipment. These labs can be set up almost anywhere, including basements, garages, storage sheds and rented rooms. Mobile labs have been found in semi-trailer trucks and in the trunks of cars.

Even under carefully controlled conditions, methamphetamine production is potentially hazardous because it involves working with flammable liquids and corrosive chemicals. Illicit meth labs are not regulated by any quality control or safety standards, and the "cooks" who produce the drug may be inexperienced or careless. This increases the risk of several hazards, which include the following:

- exposure to precursor chemicals, including irritants, poisons and strong acids
- potential exposure to toxic fumes and poisonous gases during methamphetamine production
- fires and explosions caused by poor equipment, inexperience or lack of attention when chemicals such as red phosphorus are heated
- severe burns or death from fires and explosions
- property damage caused by contamination of areas where labs are set up, as well as by fires and explosions
- dangers to "first responders" such as police, firefighters, social workers and other officials who investigate meth lab sites; these dangers include possible confrontations with people involved in illegal meth production
- contamination risks to cleanup crews who have to dismantle abandoned or seized meth labs

- harm to the environment: aside from leftover precursors and used lab equipment, meth production leaves behind toxic byproducts that pollute the land, air and water in places where they are spilled or dumped

Evidence from the United States suggests that efforts in Alberta and across Canada to restrict over-the-counter access to precursors like ephedrine and pseudoephedrine may help to reduce the number of local labs. Federal precursor control regulations are intended to reduce diversion of large quantities of ephedrine and pseudoephedrine to the bigger labs. For more information about methamphetamine legislation and regulation in Alberta and Canada, see Module 3.

METH MYTHS

MYTH: Try methamphetamine once and you'll be addicted.

FACT: The addictiveness of methamphetamine has been exaggerated in many newspaper and television reports. Some of these reports state that almost anyone who uses meth even once will become addicted. This information appears to have no basis in research. There is no evidence that one-time methamphetamine use will lead to dependence.

Although such "scare tactics" may be effective at gaining the attention of the public, research shows they are generally ineffective as a way to prevent youth from using substances, or to encourage people who are using substances to think about stopping. This is especially true when such tactics are based on inaccurate or exaggerated information.

Methamphetamine is highly addictive. But no substance—not even tobacco—is so powerful that everyone who tries it will inevitably develop an addiction to it. Addiction is extremely complex. It tends to develop rather than to suddenly appear, and it depends on a lot more than just the drug. Each of us has a different potential for addiction to any given substance, depending on our genetic makeup and our life circumstances.

MYTH: Once you're addicted to methamphetamine, you can never recover.

FACT: People can overcome methamphetamine addiction, just as they can overcome addiction to any other drug. But it is true that methamphetamine's effects (especially over the long term) can make some aspects of treatment and recovery more difficult for people who have had problems with methamphetamine use. Because of cognitive and behavioural difficulties, these people may need to spend more time in crisis stabilization and detoxification services. They may also find it harder to engage in the treatment process, and may be less likely to finish treatment programs once they have started.

Research has shown that certain treatment approaches work better than others for people experiencing the types of problems methamphetamine use can cause. This evidence is the basis for the methamphetamine-specific treatment protocols AADAC has incorporated into its residential detox and treatment programs for youth.

MYTH: Crystal meth is a new drug.

FACT: Crystal meth is not a new drug. It is the smokable form of methamphetamine, a drug first synthesized in 1919. Its structure, effects and treatment are similar to those of all the amphetamines. What is relatively new about crystal meth is the sophistication and scale of illicit production, which has made the drug cheaper, more potent and more available in many areas around the world.

MYTH: Methamphetamine is the drug that poses the biggest health threat to Albertans.

FACT: Methamphetamine is a dangerous drug. It is addictive and can have severely harmful short-term and long-term effects, and its use and production are problems that have serious health, social and economic consequences for all Albertans. But it is not the worst threat to public health in Alberta. In fact, the two drugs that cause the most serious physical and economic harm each year in Alberta are both legally available: they are tobacco and alcohol.

MYTH: Crystal meth is the most popular drug among Alberta youth.

FACT: Alcohol and cannabis are the two most widely used drugs in Alberta, among youth as well as adults. According to preliminary results from The Alberta Youth Experience Survey 2005, 1.2% of Alberta youth in grades 7 to 12 had used crystal methamphetamine in the year prior to the survey, and 1.8% had used other forms of methamphetamine (excluding crystal meth). In contrast, 65.3% of youth had used alcohol and 20.6% had used cannabis. For more statistics on methamphetamine use in Alberta, see Module 2.

MYTH: Methamphetamine use is a serious problem everywhere in Alberta.

FACT: Methamphetamine use varies in different parts of the province. Law enforcement reports and AADAC client data suggest that methamphetamine production and use may be highest in Edmonton and surrounding areas, and lower in southern regions. However, more research is needed to determine where methamphetamine use and production are concentrated in Alberta.

MYTH: There is nothing anyone can do about methamphetamine use and production in Alberta.

FACT: There is a great deal everyone can do about methamphetamine problems in Alberta. AADAC is committed to helping people and communities across the province respond effectively to methamphetamine problems. AADAC staff work with community drug coalitions, agencies and schools to deal with and prevent problems at the local level. AADAC also works in provincial, interprovincial and national partnerships with other government ministries, agencies and task forces. The result is a collaborative, co-ordinated effort to inform all Albertans about methamphetamine issues, to prevent youth and adults from using the drug, and to treat those who need help and support to recover from methamphetamine abuse.

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METHAMPHETAMINE

WHAT WE KNOW ABOUT IT, WHAT WE'RE DOING ABOUT IT

2. METHAMPHETAMINE USE IN ALBERTA

What percentage of Albertans use methamphetamine? How does methamphetamine use compare with use of other drugs? What percentage of clients come to AADAC because they are experiencing problems with methamphetamine?

Statistics help us understand how many people use drugs, and how many people may be experiencing harm related to substance use. This section provides a statistical look at methamphetamine use by youth and adults in Alberta.

METHAMPHETAMINE USE AMONG ALL ALBERTANS

The Canadian Addiction Survey (CAS) 2004 provides the most recent statistics on drug use in Alberta. CAS 2004 is the first detailed Canadian survey on alcohol and illicit drug use in 10 years. The survey looks at drug use and the impact that use has on physical, mental and social well-being. AADAC was a partner in the national survey, and has produced several profiles and reports based on the data from over 2,400 Alberta respondents. Though methamphetamine use varies by region and population, the following statistics offer a general picture of overall use in Alberta.

- According to CAS 2004, 6.1% of Albertans aged 15 or older reported having used "speed" (amphetamines) at some point in their lifetime. Amphetamines include but are not limited to methamphetamine.
- Less than 1% of Albertans aged 15+ reported using amphetamines in the year prior to the survey. This rate is similar to the overall rate among Canadians.
- On average, Albertans who had used amphetamines at some point in their lifetime first tried amphetamines at age 20.
- The most popular drug among Albertans aged 15+ in the year prior to the survey was alcohol (79.5%). The most popular illicit drug was cannabis (15.4%), followed by cocaine and crack (2.4%).

METHAMPHETAMINE USE AMONG ALBERTA STUDENTS

The Alberta Youth Experience Survey (TAYES) 2005 is the second cycle of *The Alberta Youth Experience Survey*, first conducted in 2002 (see below). Over 4,000 students in grades 7 to 12 were surveyed in October and November of 2005. One of the changes in *TAYES 2005* is that the survey questionnaire asked specifically about methamphetamine use.

- According to preliminary results from *TAYES 2005*[1] 1.2% of Alberta students in grades 7 to 12 (aged 11 to 19) reported using crystal methamphetamine in the year prior to the survey.
- The *TAYES 2005* questionnaire asked about use of other forms of methamphetamine excluding crystal methamphetamine. According to the preliminary results, 1.8% of Alberta students surveyed reported using other forms of methamphetamine in the year prior to the survey.
- In the same study, 65.3% of students surveyed reported using alcohol and 20.6% reported using cannabis in the year prior to the survey.

The Alberta Youth Experience Survey (TAYES) 2002 was developed by AADAC. This survey was the first of its kind completed in Alberta. Over 3,000 students in grades 7 to 12 were surveyed in October and November of 2002. Though methamphetamine was not singled out in the survey, AADAC was able to determine what percentage of Alberta students were using "club drugs" (defined as ecstasy and crystal meth).

- According to *TAYES 2002*, 5.3% of Alberta students in grades 7 to 12 (aged 11 to 19) reported using club drugs (ecstasy and crystal meth) in the year prior to the survey (2.7% in grades 7 to 9, and 7.6% in grades 10 to 12).
- In the same study, 56.3% of Alberta students in grades 7 to 12 reported using alcohol, 27.6% reported using cannabis, and 10.4% reported using "magic mushrooms or mescaline" in the year prior to the survey.

Information and research are a priority of the Alberta Drug Strategy, and it is vital that we continue to monitor substance use and abuse among young Albertans. *TAYES 2002* provided the baseline to do that; *TAYES 2005* will provide updated information on recent substance use, and a valuable basis for comparison with the 2002 survey. Release of the full *TAYES 2005* results is anticipated in the fall of 2006.

As we continue to survey Alberta students in future years, AADAC will be able to track changes and trends in methamphetamine use, and to adapt programs as necessary.

1. These preliminary results are unweighted and may vary with further analysis. They must be interpreted with caution.

METHAMPHETAMINE USE AMONG AADAC CLIENTS

The **AADAC System for Information and Service Tracking (ASIST)** is a software package custom-designed for AADAC. ASIST allows AADAC to track and report statistical information about our clients and the services they receive, while protecting their privacy and the confidentiality of their personal information.[2]

To respond to the growing need for information about methamphetamine use by clients, AADAC updated ASIST in September 2005 to specifically track use of crystal methamphetamine. The following preliminary ASIST statistics are based on information provided by AADAC clients during the six-month period from September 2005 to March 2006.[3]

- **ASIST adult client statistics for September 2005 to March 2006** indicate that 7% of AADAC clients over the age of 18 reported crystal methamphetamine use in the 12 months prior to seeking treatment, and 4% reported having concerns about their use.
- ASIST also tracks use of other "amphetamines/stimulants." From September 2005 to March 2006, 9% of AADAC adult clients reported using amphetamines/stimulants in the 12 months prior to seeking treatment, and 5% reported having concerns about their use.
- The most commonly used substances during the 12 months prior to treatment reported by adult clients were alcohol (85%), smoked tobacco (72%), marijuana or hashish (48%) and cocaine (45%).
- Alcohol was the substance reported most frequently as a concern (48%), followed by cocaine (36%) and smoked tobacco (31%).
- **ASIST youth client statistics for September 2005 to March 2006** indicate that 7% of AADAC clients under the age of 18 reported crystal methamphetamine use in the 12 months prior to seeking treatment, and 3% reported having concerns about their use.
- From September 2005 to March 2006, 17% of AADAC youth clients reported using amphetamines/stimulants in the 12 months prior to seeking treatment, and 5% reported having concerns about their use.

2 A note about the AADAC client statistics presented here:
- These statistics cannot be taken to reflect the overall prevalence or frequency of methamphetamine use in Alberta.
- Before September 1, 2005, reported use of amphetamines/stimulants among AADAC clients included but was not limited to crystal methamphetamine. This category also includes other forms of methamphetamine (excluding crystal methamphetamine), as well as other illicit and prescription stimulants such as Ritalin®, Dexedrine®, methcathinone and khat.
- Clients are often dealing with complex issues and concerns that extend beyond their use of a particular drug.
- The proportion of AADAC clients indicating amphetamines/stimulants as a drug of concern is about half the proportion reporting use of these drugs. This suggests that amphetamines/stimulants are just one of the many drugs used by individual clients.
- For rural offices in particular, the actual number of clients represented by these statistics is quite small. It is inappropriate to make generalizations about all AADAC clients or about the extent of use in a geographic area based on such limited information.

3 ASIST statistics from September 2005 to March 2006 are preliminary estimates based on six months' worth of data, and must be interpreted with caution. Full-year ASIST statistics on crystal methamphetamine use by AADAC clients will be released in the winter of 2006.

- The most commonly used substances during the 12 months prior to treatment reported by youth clients were alcohol (90%), marijuana or hashish (89%) and smoked tobacco (72%).
- Marijuana or hashish (26%), smoked tobacco (20%) and alcohol (17%) were also the substances reported most frequently as a concern by AADAC youth clients.

The following ASIST statistics are based on information provided by over 22,400 adult clients and over 4,200 youth clients who received AADAC services for their own substance use during the full fiscal year from April 2004 to March 2005.

- **ASIST adult client statistics for 2004/2005** indicate that 13% of AADAC clients aged 18 and older reported using "amphetamines/stimulants" in the year prior to seeking treatment, and that 8% reported having concerns about their use during the same time period. (These rates are the same as the rates reported in 2003/2004.)
- The most commonly used substances during the 12 months prior to treatment reported by adult clients were alcohol (86%), smoked tobacco (72%), marijuana or hashish (47%) and cocaine (41%).
- Alcohol was the substance reported most frequently as a concern (49%), followed by cocaine (33%) and smoked tobacco (32%).
- **ASIST youth client statistics for 2004/2005** indicate that 24% of AADAC youth clients reported using amphetamines/stimulants in the year prior to seeking treatment, and that 9% reported having concerns about their use during the same time period. (These rates are consistent with the rates reported in 2003/2004.)
- The most commonly used substances during the 12 months prior to treatment reported by youth clients were marijuana (90%), alcohol (89%) and smoked tobacco (69%).
- Marijuana or hashish (28%), smoked tobacco (21%) and alcohol (15%) were also the substances reported most frequently as a concern by AADAC youth clients.

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METHAMPHETAMINE

WHAT WE KNOW ABOUT IT, WHAT WE'RE DOING ABOUT IT

3. METHAMPHETAMINE LEGISLATION AND REGULATION

Methamphetamine is not legally available in Canada. In fact, possessing, producing, importing, exporting and trafficking in methamphetamine are punishable by up to the maximum allowable penalties for drug-related offences under Canadian law. First-time possession is punishable on summary conviction by up to a $1,000 fine and six months in prison. Repeat possession offences carry a maximum $2,000 fine and a year in prison. More serious possession offences are punishable on indictment by up to seven years in prison. Production, import, export and trafficking are punishable by up to life in prison.

However, legal controls on methamphetamine itself are only one part of controlling methamphetamine use and production. To be effective, laws and regulations must address methamphetamine problems from a number of angles, and must be co-ordinated between government and other regulatory bodies at the provincial, interprovincial and national level. Legislation and regulation are one of the five priority areas of the Alberta Drug Strategy, and an important aspect of the Co-ordinated Alberta Response to Methamphetamine.

The following timeline describes recent legislative and regulatory actions the Government of Alberta, the federal government and other organizations have taken to prevent and reduce the harmful effects of methamphetamine in Alberta and across Canada. For information on other legal and regulatory activities that are happening in Alberta, see the Co-ordinated Alberta Response to Methamphetamine report available from AADAC (see Module 5).

PROVINCIAL

March 2006: The Drug-Endangered Children Act (formerly Bill 2) received royal assent. Coming into force November 1, 2006, the new law is intended to protect children from serious drug activity. It gives police the authority to charge parents who expose their children (under 18) to illegal drug production or trafficking activities. This includes exposure to clandestine methamphetamine labs as well as marijuana "grow ops." Under the law, endangering a child because of illicit drug activity is punishable by up to a $25,000 fine and two years' imprisonment. This legislation is the first of its kind in Canada (although a number of U.S. states have enacted similar statutes).

December 2005: The Government of Alberta reclassified pseudoephedrine as a Schedule 2 drug. This change, which requires pharmacies across the province to move single-entity pseudoephedrine products behind the dispensing counter, aligns Alberta's regulations with those of other western provinces and provides a common approach to controlling one of the core ingredients used in methamphetamine production.

May 2005: The Protection of Children Abusing Drugs Act (formerly Bill 202) received royal assent. Coming into force July 1, 2006, the act allows parents or guardians to apply for a court order to have their children (under age 18) placed into a protective safe house for up to five days. During this time, a drug detoxification and assessment program will be offered by AADAC, and treatment planning may commence to encourage the young person to seek voluntary treatment.

July 2004: The Alberta College of Pharmacists announced voluntary restrictions on access to products containing ephedrine and pseudoephedrine. Pharmacies in Alberta will place products containing these substances behind the dispensing counter, with single-transaction sales limited to 400 mg of ephedrine and 3600 mg of pseudoephedrine.

NATIONAL

January 2006: The National Association of Pharmacy Regulatory Authorities (NAPRA) issued new rules in an effort to limit access to non-prescription products used to make methamphetamine. Corner stores and grocery outlets across Canada that are without pharmacies are required to stop selling many cold and allergy medications containing ingredients that can be used to make methamphetamine.

November 2005: The Government of Canada amended the Precursor Control Regulations to include four additional substances used to produce methamphetamine: red phosphorus, white phosphorus, hypophosphorous acid, and hydriodic acid.

August 2005: The Government of Canada moved methamphetamine from Schedule III to Schedule I of the Controlled Drugs and Substances Act. This effectively increases the maximum penalties for production, import, export, trafficking and possession of methamphetamine. All other amphetamines remain in Schedule III.

January 2003: The federal Precursor Control Regulations came into effect. These regulations provide controls on producing, importing, exporting and distributing chemicals often used in clandestine production of illicit drugs such as methamphetamine.

SOURCES:

Alberta Alcohol and Drug Abuse Commission. (2006, January). *Background Information on Methamphetamine* [Internal document]. Edmonton, AB: Author.

Alberta Alcohol and Drug Abuse Commission. (2006). *Beyond the ABCs: Amphetamines.* Edmonton, AB: Author.

Alberta Alcohol and Drug Abuse Commission. (2006). *Co-ordinated Alberta Response to Methamphetamine.* Edmonton, AB: Author.

Alberta Government, Office of the Premier. (2005). Crystal meth [Web page]. Retrieved March 8, 2005, from http://www.gov.ab.ca/premier/crystal_meth.cfm

Controlled Drugs and Substances Act, RSC 1996, c. 19.

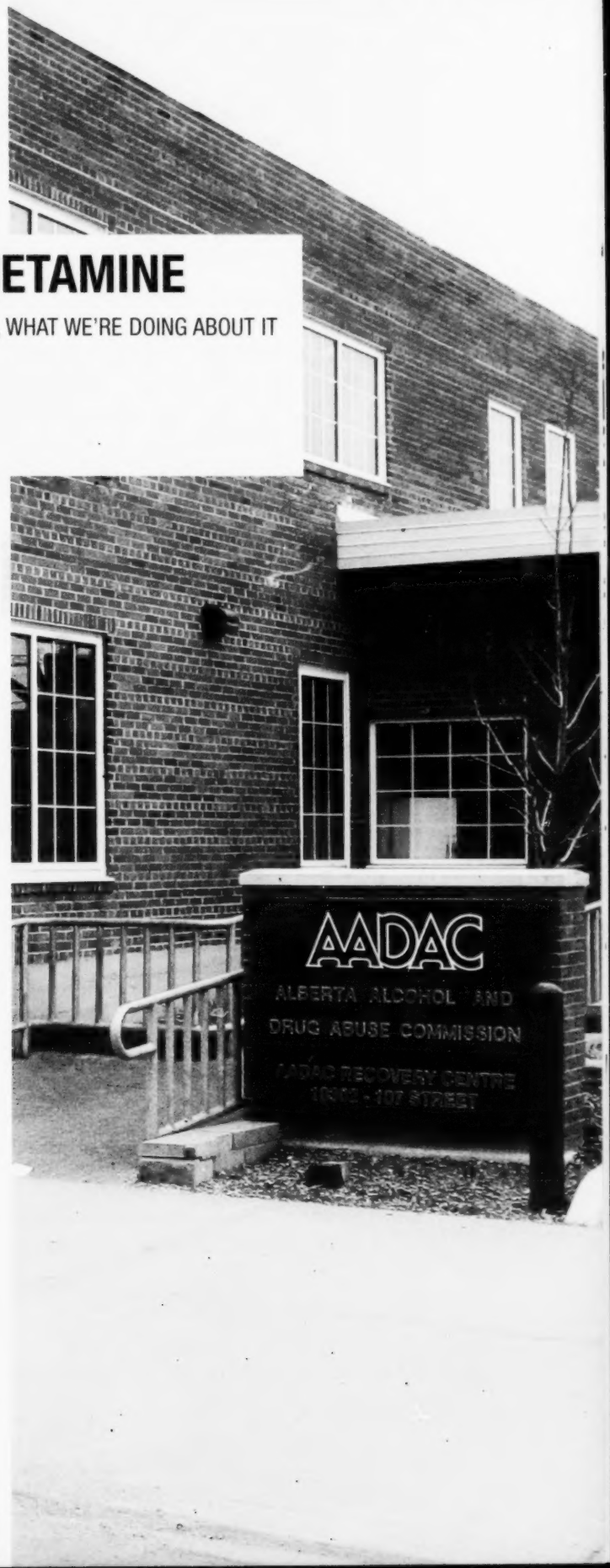
Drug-Endangered Children Act, SA 2006, c. D-17.

Protection of Children Abusing Drugs Act, RSA 2005, c. P-27.5.

METHAMPHETAMINE

WHAT WE KNOW ABOUT IT, WHAT WE'RE DOING ABOUT IT

4. AADAC SERVICES



AADAC has been helping Albertans overcome substance use problems for over 50 years. AADAC offers a comprehensive range of information, prevention and treatment services for youth and adults. Though these services may be different in nature, the approach behind them is the same: AADAC values people, treats them with respect, and believes in their ability to succeed. AADAC believes that Albertans are best served when they are encouraged to look at how substance use affects their lives, and when they are empowered to make healthy choices.

This section provides an overview of the services AADAC and its funded agencies offer to Albertans concerned about their own or someone else's use of methamphetamine or other drugs.

A CONTINUUM OF SERVICES

One of the priorities of the Alberta Drug Strategy is to ensure a "continuum" of services for all Albertans. What is a continuum of services, and why is it so important?

A continuum of services works like this:

- Each service option within the continuum is designed to meet the specific needs of people who may benefit most from that service.
- Each service option is flexible, so that people with a variety of specific needs may benefit from that service.
- Enough service options are available to meet the differing needs of youth and adults with a wide range of life circumstances.
- Service options range in intensity. This range gives people the ability to move between less intensive services and more intensive services as their individual needs change.
- All of the service options complement each other. Together, they provide people with longer-term help and more comprehensive support than any single program could provide.

AADAC is continually developing and refining its continuum of services to address both the changing nature of the addictions field and the changing needs of Albertans. A continuum of services is important to AADAC for several reasons:

- It ensures that Albertans at any and every stage of change in their lives can get the help they need, when they need it, and in the way they need it.
- It ensures that people who come to AADAC for help can get that help for as long as they may need it, can choose from many program options as their needs change, and can continue to have support after they leave any program.

- It ensures that AADAC's information, prevention and treatment services are related to one another, and that all AADAC services are based on a consistent, reliable foundation of evidence and experience.

In the broader terms of the Alberta Drug Strategy, a continuum of services means that AADAC's services are connected to a provincial network that includes community-based addictions services, children's services, police and justice services, hospitals and health clinics, mental health services, employee assistance programs and a host of other government and non-government services. These connections are vital to ensuring that people with complex needs and problems can get the help they need from the full continuum of services, no matter which service they seek first.

AADAC SERVICES FOR YOUTH

Considering the serious difficulties young people may face in overcoming drug problems, it is crucial that services take their needs into account. This is especially true for youth and families struggling with cognitive and behavioural problems related to methamphetamine use. In November 2005, AADAC added two residential detoxification programs and two residential treatment programs in Edmonton and Calgary to its continuum of services for Alberta youth. As part of these programs, AADAC developed a specialized treatment protocol for youth experiencing problems caused by methamphetamine use. Expansion of these programs to northern and southern Alberta is planned for 2006/2007. These programs add an essential component to AADAC's continuum of services for youth and their families in Alberta. The following is a brief description of these services.

Information services (provincewide)

Information is a part of every service AADAC offers for youth. Information resources for youth are available at all AADAC area offices and Youth Services centres, and online at AADAC's website (aadac.com). AADAC offices also provide individual and group information sessions for youth, and some offices provide an information series for parents.

Prevention services (provincewide)

Through hands-on prevention activities with individuals, families, schools and community groups, AADAC staff help to turn information into the kind of education that makes a difference in young people's lives. Many of these activities encourage youth to get involved as mentors and role models for others. Prevention services help to reduce the factors that can put youth at risk for developing substance use problems, while fostering the positive factors that can build their resiliency, help them make healthy choices and protect them from developing problems.

Outpatient services (provincewide)

AADAC area offices and Youth Services centres provide individual assessment and counselling, as well as parent and family counselling. Outpatient services are suitable for youth interested in working with a counsellor to develop a personalized treatment plan.

Mobile services (various locations)

AADAC outreach counsellors provide counselling services at various outreach sites. Some examples are the Youth Attendance Centre and the Young Offenders Centre, as well as Family and Community Services sites.

Intensive day treatment programs (Edmonton, Calgary)

Twelve-week intensive day programs are available in Edmonton and Calgary for youth from anywhere in Alberta. These programs provide a comprehensive treatment experience including individual counselling, group counselling, on-site schooling, recreational activities and family counselling. Residential support home placements are available for those youth who cannot attend the program from their current living situation.

Residential detoxification programs (Edmonton, Calgary)

Residential detoxification programs are available in Edmonton and Calgary for all Alberta youth. Entry into the programs is usually planned with help from an AADAC Youth Services counsellor. These programs give youth a nurturing, supportive and structured environment to assist them in withdrawing from alcohol or other drugs while engaging them in the treatment process. The programs incorporate specialized protocols for youth withdrawing from methamphetamine. Family involvement and case planning for longer-term treatment are part of the detox program.

Residential treatment programs

AADAC offers two three-month live-in programs for youth from across the province who are experiencing serious problems with alcohol or other drug use. Both programs incorporate specialized treatment protocols for youth experiencing cognitive or behavioural problems caused by methamphetamine use.

- **Adventure-based therapy program (Calgary)**: Offered through a contractual partnership with Enviros Wilderness School Association, this three-month wilderness program runs year-round to provide youth with an experiential and active approach to treatment. Using the environment to challenge youth to think and act differently, this program is a good match for youth who may be less likely to benefit from a traditional counselling setting and are in need of a more remote environment while recovering from their addiction.
- **Urban-based group treatment (Edmonton)**: For youth who need the structure of a residential setting, this three-month program is available in Edmonton. Close proximity to health care and mental health resources make this setting ideal for youth who require close supervision and the ability to access specialized resources only available in urban centres.

Court-ordered detoxification and assessment program

Effective July 1, 2006, the Protection of Children Abusing Drugs Act gives parents or guardians a new way to help their children who are resisting or refusing voluntary treatment for methamphetamine or other drug problems. It allows parents or guardians to ask the court for an apprehension and confinement order to have their child placed in a protective safe house for up to five days, even if the child does not want to go. Once in the protective safe house, the child will begin safe withdrawal from alcohol or other drug use. An AADAC counsellor will assess the child to determine that there are reasonable grounds for believing the child is abusing alcohol or other drugs. While the child is in the protective safe house, AADAC staff will work to engage the child and the family to make a plan for voluntary treatment. If the child is willing and able, the treatment plan may begin during the stay in the protective safe house. AADAC will also make a plan to help the child move into voluntary programs after discharge.

Post-treatment support

AADAC offers several opportunities to clients making the transition out of treatment. Clients can participate in aftercare programs (which differ in each community and may include weekly group-based support for teens facing the unique challenges of reintegrating into the community), parent support groups and parent skill workshops. In addition to these formal post-treatment options, some youth may choose to remain actively involved through participation in the AADAC Youth Advisory Council or through peer mentoring opportunities.

AADAC SERVICES FOR ADULTS

Methamphetamine use is not limited to young people. Like other drugs, methamphetamine has been used throughout its history by people of all ages and from all walks of life. Professionals, managers, construction and manufacturing workers, homemakers, salespeople, students, truck drivers and many others are all represented among people who come to AADAC for help with substance use problems. This diversity is reflected in the range of service options AADAC provides for adults.

Information services (provincewide)

Information is a part of every service AADAC offers for adults. Information resources are offered to the public through all AADAC area offices and urban clinics, and online through aadac.com

Prevention services (provincewide)

Prevention isn't only for youth. AADAC staff also work on prevention activities targeted to parents and guardians, post-secondary students, employers and employees, community drug coalitions, professionals in a variety of fields, and the general public. These activities are intended to prevent people of all ages from developing substance use problems. Relapse prevention, an important aspect of AADAC treatment programs, is especially important for people who have had problems with methamphetamine or other drugs.

Outpatient services (provincewide)

Through a provincewide network of area offices and three clinics in Edmonton, Calgary and Red Deer, AADAC provides outpatient services including assessment; individual, group and family counselling; and intensive, structured day counselling programs. AADAC also offers methadone maintenance treatment on an outpatient basis through two opioid dependency clinics in Edmonton and Calgary. Outpatient counsellors are often the first contact for people who come to AADAC for help, and can arrange referrals to other services as needed.

Residential detoxification programs (Edmonton, Calgary, Grande Prairie)

AADAC detoxification centres provide a safe and supportive environment to help people withdraw from the physical and psychological effects of alcohol and other drugs. All three detox centres provide 24-hour care by qualified nursing staff, with a consulting physician available when necessary. Some counselling is available, and staff provide treatment referrals.

Residential treatment programs (Edmonton, Claresholm, Grande Prairie)

AADAC adult residential treatment centres provide a range of intensive day programs and live-in programs designed to help people recover from addictions. All programs include individual and group counselling, information sessions, skill-building workshops, recreation and leisure activities, and participation in self-help groups.

Business & Industry Clinic (Grande Prairie)

This unique clinic provides specialized treatment by referral for employees who are experiencing serious problems and job performance issues caused by alcohol or other drug use. The Business & Industry Clinic offers a range of services to complement its two main residential programs: a 30-day alcohol and other drug program, and a 50-day program that provides extra support before and after treatment for people recovering from cocaine problems.

Enhanced Services for Women (Edmonton, Calgary, Grande Prairie)

These specialized services provide enhanced support to women with substance use problems who are pregnant, or who may become pregnant. ESW service co-ordinators work with agencies in their communities to better reach women who need help for a substance use problem. The service co-ordinators see clients directly at these agencies to provide initial assessment and counselling. They support clients to enter AADAC's continuum of treatment services and will provide follow-up support as required. Service co-ordinators also work as consultants with other service providers to help other professionals better meet the needs of their clients who have substance use problems.

AADAC FUNDED AGENCIES AND PROGRAMS

The continuum of services AADAC is able to offer Albertans would not be complete without the strong partnerships we have built through long-term funding arrangements with independent community agencies and programs throughout Alberta. Operated autonomously by volunteer community boards, these funded agencies and programs complement AADAC's services by providing diverse program options including

- individual, group and family counselling for youth and adults
- prevention programs and activities for youth
- overnight shelter for adults
- residential and home-based detoxification
- short-term residential treatment programs
- longer-term residential services such as group transition homes
- services for people who live in areas with limited access to AADAC services, including several remote northern communities
- specialized services for women, with priority access for pregnant women
- specialized services for Aboriginal people, incorporating traditional cultural practices and healing methods
- training for addictions counsellors, volunteers and program administrators

WHERE TO GO FOR HELP

Whether you're looking for information about how AADAC and its funded services can help you or someone you care about, or information about how to refer a client to AADAC, you can find it in the following ways.

- **Local AADAC offices**: An AADAC counsellor can connect you with AADAC's entire continuum of services, from basic information on methamphetamine and other drugs to counselling services, day programs and residential treatment. AADAC and its funded agencies and programs offer services in communities across Alberta.
- **AADAC's website (aadac.com)**: AADAC provides a wealth of online information about methamphetamine and other drugs, as well as information about AADAC services and where to find an AADAC office or funded service near you.
- **AADAC's Help Line (1-866-33AADAC)**: This toll-free telephone service offers information, support and referrals 24 hours a day, seven days a week.

SOURCES:

Alberta Alcohol and Drug Abuse Commission. (2006). *Co-ordinated Alberta response to methamphetamine* (2nd ed.). Edmonton, AB: Author.

Alberta Alcohol and Drug Abuse Commission. (2005). *AADAC spectrum of youth services* [Internal document]. Edmonton, AB: Author.

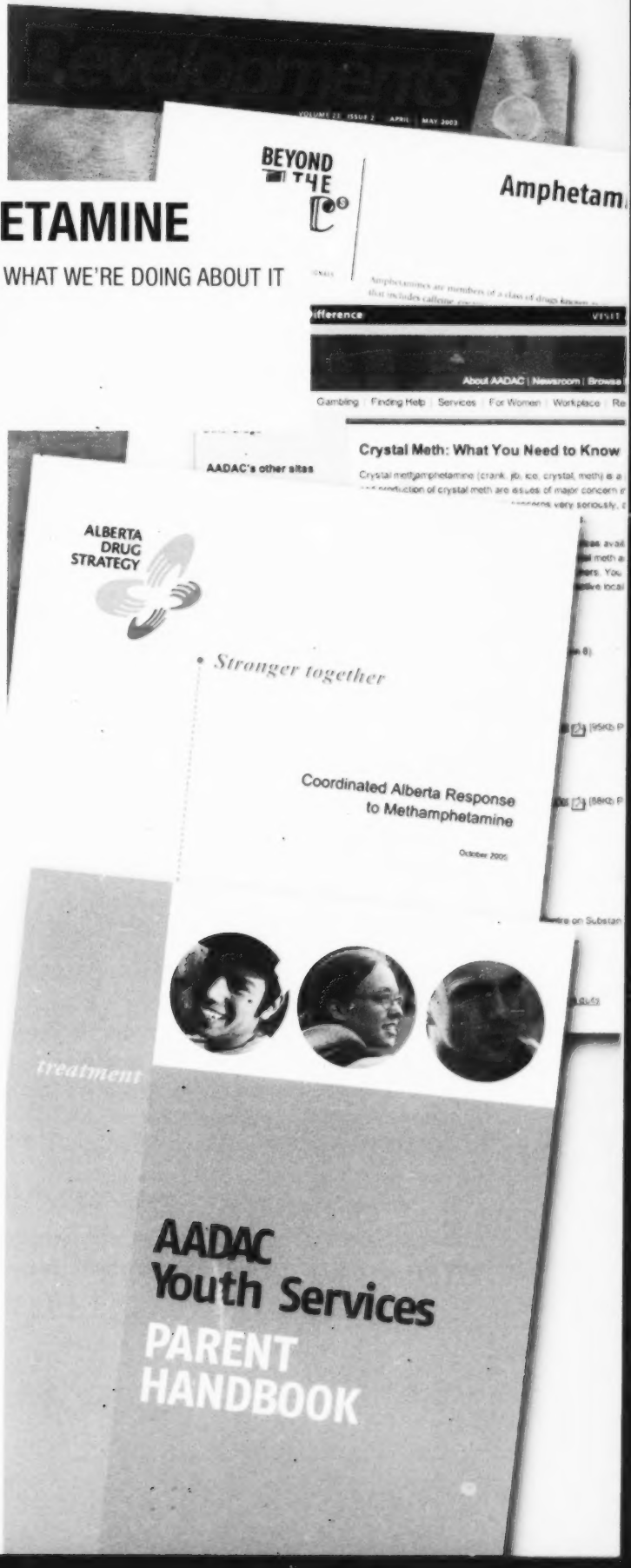
Alberta Alcohol and Drug Abuse Commission. (2005). *Alberta Drug Strategy. Stronger together: A provincial framework for action on alcohol and other drug use.* Edmonton, AB: Author.

Alberta Alcohol and Drug Abuse Commission. (2005). *Alcohol, other drug and gambling problems in Alberta: Services and perspectives.* Edmonton, AB: Author.

METHAMPHETAMINE

WHAT WE KNOW ABOUT IT, WHAT WE'RE DOING ABOUT IT

5. AADAC RESOURCES



AADAC provides a comprehensive range of information, prevention and treatment resources for all Albertans. The following list of AADAC resources includes print and online material for a variety of audiences. Many of these resources address methamphetamine specifically; others apply to broader issues faced by individuals, families, community groups and government organizations as they deal with drug problems at every level from the personal to the provincial.

Most AADAC resources are available in limited quantities through local AADAC area offices and treatment centres, and are free of charge for Alberta residents. Those outside Alberta, or Albertans wishing larger quantities, can order resources by using AADAC's online resource catalogue. Most of the resources listed below are also available on AADAC's website, aadac.com

For more information on AADAC resources, call 1-800-280-9616 or e-mail rdm@aadac.gov.ab.ca

INFORMATION RESOURCES

Resources Specific to Methamphetamine

Crystal Meth: What You Need to Know

This AADAC web page provides links to a variety of resources available online from AADAC and other organizations, from basic information on methamphetamine and its effects to valuable advice for youth, adults, parents and teachers. It also includes links to community action plans for a co-ordinated and effective local response to methamphetamine issues.

Format: Web (HTML)

Developments, Volume 23, Issue 2 (April/May 2003): Crystal Meth

Developments is an AADAC newsletter highlighting issues and trends in the addictions field. Articles are written from a number of perspectives to cover various sides of the theme. This issue includes two informative articles about methamphetamine: "An Old Drug Takes a New Shape" and "Fear, Longing and Crystal Meth." To subscribe to *Developments*, visit aadac.com

Format: Web (HTML and PDF)

Just the Facts: Crystal Methamphetamine

Available from aadac.com, this information page for teens offers clear and concise information about methamphetamine, its effects, and the risks that come with using it.

Format: Web (HTML)

Methamphetamine: What to Expect When Someone Quits

This online resource describes the negative effects of methamphetamine use, including physical and emotional symptoms of methamphetamine withdrawal. It also offers tips on how to help someone during the withdrawal process. Use the handy print version to create a one-page handout.

Format: Web (HTML)

Understanding and Responding to Crystal Meth

This pamphlet provides clear factual information on methamphetamine, as well as information on how to assist someone who has been using this drug with detoxification and later recovery.

Format: Pamphlet AADAC Resource No. 597A ISBN 0-7785-3278-X

Resources on Amphetamines

ABCs of Amphetamines

The ABCs are a series of one-page fact sheets that provide basic information on numerous addiction-related topics. ABCs can be photocopied as handouts, and each sheet provides space for additional information. The ABCs of Amphetamines provides brief background information on amphetamine types (including methamphetamine), short-term and long-term effects, and addictive potential.

Format: Web (HTML and PDF)

Beyond the ABCs: Amphetamines

The Beyond the ABCs series of information sheets complements the basic information offered in the ABCs series by offering a more advanced and in-depth level of current information on a variety of topics. Beyond the ABCs: Amphetamines provides details about the history, chemistry and effects of amphetamines, and includes specific information on methamphetamine effects, use and production.

Format: Web (HTML and PDF)

Effects Series: Amphetamines

Part of AADAC's Enhanced Services for Women, the Effects Series of information sheets is designed to give women specific information about the health effects of various drugs, with a special focus on how drug use may affect pregnancy, birth and child development. The Amphetamines info sheet includes a reference list for further reading.

Format: Web (HTML and PDF) AADAC Resource No. 619B ISBN 0-7785-3298-4

Quick Facts About Alcohol, Tobacco, Other Drugs, and Problem Gambling: Tenth Edition

Updated in 2005, this info-packed booklet gives easy-to-read answers to frequently asked questions about everything from alcohol, tobacco and problem gambling to cocaine, crystal meth and caffeine, and much more. It's a handy way to review basic facts and statistics, and a starting point for further reading and research.

Format: Booklet AADAC Resource No. 081A ISBN 0-7785-3898-2

Other Resources Applicable to Methamphetamine Problems

A Drug Problem: How Can I Tell?

Part of AADAC's Addictions Awareness Series, this foldout pamphlet is for anyone wondering if they may have a drug problem. The pamphlet defines drug abuse, outlines general risks of drug abuse, and provides a brief checklist of signs that may indicate a drug problem.
The pamphlet also includes information on how people concerned about their drug use can find help from AADAC.

Format: Pamphlet | Web (HTML) AADAC Resource No. 363C ISBN 0-7785-0091-8

When Someone You Know Has a Drug Problem

Part of AADAC's Addictions Awareness Series, this foldout pamphlet provides information and advice for anyone concerned about someone else's substance use. It includes a brief checklist to help determine whether someone may have a drug problem, and information about how one family member's drug use can affect the entire family.
The pamphlet also provides some steps people can take toward positive change for themselves and their loved ones.

Format: Pamphlet | Web (HTML) AADAC Resource No. 397A ISBN 0-7785-0092-6

Research Resources

The Alberta Youth Experience Survey 2002: An Overview of Risk and Protective Factors

Risk factors and protective factors are important concepts to both the theory and the practice of preventing substance use problems among youth. This report presents a brief overview of the literature on risk and protective factors. It was produced to help professionals and policy makers understand findings from The Alberta Youth Experience Survey (TAYES).

Format: Web (PDF) AADAC Resource No. 570A ISBN 0-7785-2872-3

The Alberta Youth Experience Survey 2002: Risk and Protective Factors Associated With Grade (Grades 7 to 12)

Based on analysis of the data from TAYES 2002, this brief report examines how and why certain risk and protective factors were chosen in the survey, and describes the average number of risk and protective factors among Alberta students in grades 7 to 12 by demographic variables including grade, ethnicity, gender and living arrangement.

Format: Web (PDF) AADAC Resource No. 570K ISBN 0-7785-3251-8

The Alberta Youth Experience Survey 2002: Risk and Protective Factors Associated With Use of Alcohol, Tobacco and Other Drugs and Gambling Participation

This TAYES 2002 brief report presents a detailed statistical analysis of the most important risk and protective factors related to specific types of substance use and gambling. The report includes a discussion of the most important risk and protective factors correlated with frequency of "club drug" (methamphetamine and ecstasy) use.

Format: Web (PDF) AADAC Resource No. 570N ISBN 0-7785-3260-7

The Alberta Youth Experience Survey 2002: The Use and Abuse of Illicit Drugs Among Alberta Youth

TAYES 2002 established a benchmark of current substance use and gambling activity among Alberta youth. This brief report summarizes findings on the prevalence of illicit drug use among Alberta students in grades 7 to 12. Results are compared by age group, gender and region of the province, and selected risk factors are examined.

Format: Web (PDF) AADAC Resource No. 570H ISBN 0-7785-3242-9

Canadian Addiction Survey 2004 Alberta Report: Detailed Report

The 2004 Canadian Addiction Survey (CAS), the first national survey of its kind in a decade, provides vital information for program planners and policy makers. This 91-page technical report presents Alberta-specific findings from the 2004 CAS, including rates of alcohol and illicit drug use, prevalence trends, patterns of substance use, risk and harm associated with substance use, and community attitudes and beliefs about substance use issues.

Format: Report AADAC Resource No. 636A ISBN 0-7785-4472-9

Canadian Addiction Survey 2004 Alberta Report: Executive Summary

The 2004 Canadian Addiction Survey (CAS), the first national survey of its kind in a decade, provides vital information for program planners and policy makers. This 17-page summary report presents Alberta-specific findings from the 2004 CAS, including rates of alcohol and illicit drug use, prevalence trends, patterns of substance use, risk and harm associated with substance use, and community attitudes and beliefs about substance use issues.

Format: Web (PDF) AADAC Resource No. 636B ISBN 0-7785-3869-9

Profile: AADAC Adult Clients: April 2004 to March 2005

During the 2004/05 fiscal year, 22,497 clients received adult services at AADAC for their own use of alcohol, tobacco, other drugs or gambling. This statistical profile of adult clients includes information on reasons for treatment, demographic characteristics, and rates of use and concern about use of various substances and gambling activities.

Format: Web (PDF) AADAC Resource No. 715A ISBN 0-7785-4478-8

Profile: AADAC Youth Clients: April 2004 to March 2005

During the 2004/05 fiscal year, 4,224 clients received youth services at AADAC for their own use of alcohol, tobacco, other drugs or gambling. This statistical profile of youth clients includes information on reasons for treatment, demographic characteristics, and rates of use and concern about use of various substances and gambling activities.

Format: Web (PDF) AADAC Resource No. 714A ISBN 0-7785-4477-X

Profile: Illicit Drug Use in Alberta

Drawing upon Alberta-specific results from the 2004 Canadian Addiction Survey and two previous national surveys, this two-page statistical profile provides a provincial perspective on current illicit drug use in Alberta, including trends in illicit drug use since 1989, frequency of use, and harm related to use.

Format: Web (PDF) AADAC Resource No. 697A ISBN 0-7785-4462-1

PREVENTION RESOURCES

Community Resources

Alberta Drug Strategy: A Provincial Framework for Action on Alcohol and Other Drug Use

Developed by AADAC in collaboration with government partners and community groups, the Alberta Drug Strategy sets a vision and an action framework for a co-ordinated, community-based approach to prevent and reduce harm caused by alcohol and other drug use in Alberta. This 26-page report describes the strategyís key elements, major objectives, guiding principles, priorities and provincial-level actions.

Format: Report | Web (PDF) AADAC Resource No. 664E ISBN 0-7785-3905-9

Co-ordinated Alberta Response to Methamphetamine (Second Edition)

Responding to use and production of methamphetamine is a key action priority of the Alberta Drug Strategy. First published by AADAC in October 2005, the Co-ordinated Alberta Response to Methamphetamine report is now available in a second edition newly updated to April 2006. This concise report highlights the reasons a provincial response is needed, and outlines the current and planned actions that AADAC, other government ministries and departments, law enforcement agencies, municipalities, professional organizations and community groups are taking to provide a comprehensive, co-ordinated response to a problem that has serious health, social and economic consequences for all Albertans.

Format: Report | Web (PDF) AADAC Resource No. 691A ISBN 0-7785-3897-4

Crystal Methamphetamine Television Advertisements

As part of the Co-ordinated Alberta Response to Methamphetamine, AADAC produced two public awareness ads on crystal methamphetamine: "Lost" and "Miracle Drug." Aired across Alberta in October 2005 and April 2006, these ads were rated highly by viewers as a memorable and effective way to get parents and children talking about methamphetamine and other drugs. Online versions and transcripts of both ads are available from aadac.com

Format: Web (Real Media video and PDF)

Community Action on Drug Abuse Prevention

This 64-page manual contains practical information, advice and activities for people and groups interested in creating or maintaining a community drug coalition. The manual is a step-by-step guide to taking positive, collaborative action to prevent drug abuse at the community level, from recruiting support and conducting a needs assessment to selecting and evaluating community activities and projects.

Format: Manual | Web (PDF) AADAC Resource No. 620A ISBN 0-7785-3293-3

Developments, Volume 23, Issue 1 (February/March 2003)

This issue of AADAC's newsletter features the article, "Thinking Outside the Box: A Prompt Community Response to the Abuse of Methamphetamine." The article offers an inside look at the development of a community drug coalition, and describes how AADAC helped one Alberta community create a co-ordinated, common-sense response to the problem of methamphetamine use.

Format: Web (HTML and PDF)

Profile: AADAC Prevention Services: April 2004 to March 2005

During the 2004/05 fiscal year, AADAC was actively involved in 2,311 prevention projects across the province. This two-page profile provides a statistical overview of these projects, including types of prevention activity, target audiences, focus areas and expected results.

Format: Web (PDF) AADAC Resource No. 713A ISBN 0-7785-4476-1

Family Resources

For Parents and Others Who Care: How a Parent's Problems With Alcohol, Drugs or Gambling Can Affect Children

Part of AADAC's Addictions Awareness Series, this foldout pamphlet provides information about how parental substance abuse or problem gambling can affect children at home and at school; how parents, teachers and others who are concerned about a child can take action; and how AADAC can help.

Format: Pamphlet AADAC Resource No. 363G ISBN 0-7785-0119-1

Keeping Kids Addiction Free

This online resource provides information on how parents, teachers and other role models can keep kids free of addiction by promoting emotional resiliency, encouraging protective factors, reducing risk factors and creating meaningful, positive relationships. The web page includes links to activities that can be used at home or in the classroom. This resource is available from aadac.com

Format: Web (HTML)

Parent Information Series

There's no instruction manual for how to be a good parent, but AADAC's Parent Information Series may be the next best thing. The information sheets in this series answer frequently asked questions and give parents facts and advice that help them to prevent their children from using drugs, help them make informed lifestyle decisions, and support them in making healthy, positive changes in their lives. The full series is available from aadac.com

Format: Information Sheets | Web (HTML and PDF)

Youth Awareness Series

With colourful graffiti-inspired designs and clear, straightforward content, the brochures in AADAC's Youth Awareness Series provide youth with general information on alcohol, tobacco, marijuana and gambling, on recovery issues, and on finding support for themselves and their families through AADAC Youth Services. The following Youth Awareness Series brochures may be helpful to youth concerned about their own or someone else's methamphetamine use:

- AADAC Youth Services: What Can I Expect?
  (in press)
- Are AADAC Services for Youth Confidential?
  (in press)
- Finding Support
  ISBN 0-7785-2791-3
- How to Show You Are Trying: Rebuilding Trust and Communication
  ISBN 0-7785-2792-1
- The Power of You: Overcoming Trouble
  ISBN 0-7785-2793-X
- Safe Withdrawal From Alcohol and Other Drugs
  ISBN 0-7785-2795-6
- When Family Members Gamble, Drink or Use Drugs Too Much
  ISBN 0-7785-2794-8

Format: Pamphlets AADAC Resource No. 559A–559L

School Resources

Teacher Information Series Senior High: Crystal Methamphetamine

The Teacher Information series is designed to be practical and valuable to teachers, interesting and informative to students, and easy to use in a variety of classes. This 60-minute lesson plan provides teachers with accurate information about methamphetamine and helps them to engage students in class discussion, group work and experiential activities to learn about the effects of this drug and the complexity of addiction.

Format: Web (HTML and PDF)

Teacher Information Series Senior High: Crystal Meth and Major Life Areas

This 60-minute lesson plan complements the introductory Crystal Methamphetamine lesson plan. It is designed to get senior high students thinking about methamphetamine and other drug use in the context of life areas: family, friends and recreation, school or job, physical health, emotional and spiritual health, finances, and the law. By taking on the roles of people representing each life area, students gain a wider perspective on how substance use affects the entire community.

Format: Web (HTML and PDF)

Workplace Resources

It's Our Business Information Series

Newly revised for 2006, this series of eight information sheets is for workplace leaders, safety supervisors and employee assistance professionals who want to know more about substance use issues in the workplace. The series provides basic facts and statistics on alcohol, other drugs and gambling in the workplace. Other topics include drug policy development and employee drug testing, dealing with troubled employees, workplace peer support, and workplace health and wellness.

Format: Information Sheets AADAC Resource No. 414A–414M

It's Our Business: Addressing Alcohol, Drugs and Gambling in the Workplace

This manual is designed to help workplace leaders and supervisors better understand the kinds of problems employee substance use and gambling can cause in the workplace, and to help them deal with these problems effectively. The information can be adapted to suit both small businesses and large corporations, and can be adapted to suit different supervisory styles and levels of experience.

Format: Manual AADAC Resource No. 504A ISBN 0-7785-0984-2

It's Our Business: Information for Employees

Designed to complement the It's Our Business manual for workplace leaders, this series of three booklets helps employees understand how substance use may be affecting them, their co-workers and their workplace. The series includes the following titles:

- Is Drinking, Using Drugs or Gambling Affecting My Work?
  ISBN 0-7785-2782-4
- Someone at Work Has a Problem: What Can I Do?
  ISBN 0-7785-2780-8
- What You Need to Know About Fitness for Work
  ISBN 0-7785-2781-6

Format: Booklets AADAC Resource No. 504B–504D

TREATMENT RESOURCES

AADAC Youth Services: Parent Handbook

Newly revised for 2006, the AADAC Youth Services Parent Handbook is a description of AADAC's services for youth. It offers help in answering the questions that plague parents who know or suspect that their son or daughter has problems with substance use: How did this happen? What do I do now? It also helps parents to better understand what they are dealing with and offers ideas that have worked for other parents. This booklet is a very helpful resource for others who encounter young people in their daily work: teachers, principals, clergy, counsellors, social workers, justice workers and enforcement officials. The hope is to help youth already in trouble and prevent problems for those at risk.

Format: Booklet AADAC Resource No. 377A ISBN 0-7732-1548-4

Crystal Meth and Youth: Effective Treatment and Prevention Practices

This three-page information sheet focuses on treatment considerations for youth who have been using methamphetamine, and effective community strategies for preventing use of this drug by youth. Treatment topics include stabilizing health, managing the risk of violent behaviour, and tailoring counselling methods and sessions to the specific needs of youth experiencing problems related to methamphetamine use.

Format: Information Sheet AADAC Resource No. 724A ISBN 0-7785-3296-8

Guidelines for Treating Users of Methamphetamine

This four-page information sheet provides a brief comparison of methamphetamine with cocaine, another stimulant drug. It also offers a suggested approach to successfully treating people who have been using methamphetamine, and strategies to reduce the potential for violent outbursts in the treatment setting.

Format: Information Sheet AADAC Resource No. 430M ISBN 0-7785-3270-4

Relapse Prevention: Planning for Success

Part of AADAC's Addictions Recovery series, this 26-page handbook is full of information and practical ideas to help people in recovery understand and avoid relapse. It provides tips on managing stress and avoiding high-risk situations, and includes an outline to help people in recovery develop a personalized relapse prevention plan. Though it is meant mainly for people recovering from addictions, this handbook can be used by anyone interested in learning about relapse prevention.

Format: Booklet | Web (HTML) AADAC Resource No. 363O ISBN 0-7785-0520-0

METHAMPHETAMINE

WHAT WE KNOW ABOUT IT, WHAT WE'RE DOING ABOUT IT

6. NEXT STEPS

So, what do we know about methamphetamine, and what are we doing about it? Ultimately, the key to these questions is understanding who "we" are. As the Co-ordinated Alberta Response to Methamphetamine shows, we are far more than AADAC or any single organization. This response reflects the knowledge of many partners, and shows how much we have done and are doing to address methamphetamine use and production in Alberta. It also reflects the level of collaboration that government ministries, law enforcement agencies, professional organizations and community groups have already achieved in sharing knowledge and working together to solve methamphetamine problems from the community up.

Our knowledge and our work are commendable, but they are not complete. We have gained positive momentum, but further efforts are needed if we are to maintain that momentum.

Implementation of new activities will be informed by credible research and program evaluation within and outside Canada, as well as by findings and recommendations from the following groups and conferences.

- Alberta Premier's Task Force on Crystal Meth
- Alberta Cross-Ministry Working Group on Methamphetamine
- Provincial Advisory Committee on Illicit Drug Use
- Moving Forward: National Conference on Best Practices for the Treatment and Prevention of Substance Abuse (February 2006)
- Conference of Federal, Provincial and Territorial Ministers of Health (October 2005)
- Council of the Federation Meeting (August 2005)
- Meeting of Western Ministers of Justice, Health and Public Safety: Building Partnerships to Address Addictions—Responding to Crystal Meth (June 2005)
- Western Canadian Summit on Methamphetamine (November 2004)
- Alberta Workshop on Methamphetamine (September 2004)

New activities should include

- supporting access to a continuum of substance abuse information, prevention and treatment services
- conducting clinical and medical research to inform methamphetamine treatment and best practices
- supporting research and program evaluation to inform best practices in prevention
- increasing availability of evidence-based harm reduction programs for methamphetamine, such as peer support and outreach programs

- continuing to refine existing surveillance and records management systems such as the AADAC System for Information and Service Tracking
- improving methods for co-ordinating the collection and sharing of information from administrative sources about methamphetamine use and production
- training physicians, nurses and other health practitioners responding to acute and chronic problems among people who use methamphetamine

These efforts must build on the work already underway, and should be based on the vision and guiding principles of the Alberta Drug Strategy. This will ensure that the lessons and the successes of our collective response to current methamphetamine problems are not forgotten, but will remain as a legacy that enlightens and enriches our approach to preventing and reducing future drug problems.

METHAMPHETAMINE

WHAT WE KNOW ABOUT IT, WHAT WE'RE DOING ABOUT IT

APPENDIX

Both the Co-ordinated Alberta Response to Methamphetamine and the Alberta Drug Strategy emphasize the value of partnerships, research and knowledge-sharing in responding effectively to methamphetamine and other drug problems. Whether through formal collaborations such as cross-ministry groups, research partnerships and community drug coalitions, or informal collaborations that can be as simple as sharing information at a conference or on a website, service organizations can improve the way they conceive, plan, co-ordinate and deliver their services when they work together.

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AADAC

ALBERTA ALCOHOL AND
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